Individual Retirement Account (IRA) Distribution Request Form



This form is not intended for required minimum distributions, trustee to trustee transfers, recharacterizations, or conversion requests: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the Traditional and Roth Individual Retirement Account (IRA) Combined Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

PARTICIPANT INFORMATION Name Date of Birth (mm/dd/yyyy) Social Security Number Address Telephone Number City State Zip Code Account Number Complete the following if you are a beneficiary requesting a full liquidation of the inherited proceeds. **Beneficiary Name** Date of Birth (mm/dd/yyyy) Social Security Number Address Telephone Number City State Zip Code TYPE OF ACCOUNT ☐ Traditional / Rollover IRA SEP IRA Roth IRA - (Proceed to Reason for Distribution - B or C) REASON FOR DISTRIBUTION A. FROM A TRADITIONAL, ROLLOVER, OR SEP IRA The distribution is being made for the following reason (check one): ☐ 1. Normal Distribution - You are age 59½ or older. 🗌 2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time home buyer expenses, or other reasons. 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code. You must complete Distribution Amount section - B part II. 4. Death/Beneficiary liquidation - The Date of Death of the Owner MM/DD/YYYY is required _ ___, contact Shareholder Services regarding additional document requirements. 5. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.* 6. Transfer incident due to divorce or legal separation - Contact Shareholder Services regarding additional document requirements. ☐ 7. Removal of excess - You must complete the Excess Contribution Election Section (page 2) in its entirety. 8. Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) - You are certifying that the receiving custodian will accept the IRA assets issued. 9. Qualified Reservist Distribution

• For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

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☐ 11. Qualified Birth or Adoption Distribution as defined in section 72(t){2} of the Internal Revenue Code

Roth IRA Elections - See Page 2

☐ 10. Qualified Hurricane Distribution

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3.	QUALIF	FIED DISTRIBUTION FROM A ROT	H IRA - This Roth IRA distribution satisfies t	ne 5-year holding period requireme	ent:
	☐ Ye	s (If "No", proceed to Section C)			
	The d	istribution is being made for the	following reason (check one):		
	□ 1.	You are age 59½ or older.			
	□ 2.	Death/Beneficiary liquidation - regarding additional document	The Date of Death of the Owner MM/DD/Y requirements.	YYY is required	, contact Shareholder Services
	□ 3.	Permanent disability - You certi	fy that you are disabled within the meanin	g of section 72(m)(7) of the Internal	I Revenue Code.*
	Note:	Distributions not meeting the 5-	year required period and for all other reason	ons not listed above are considered	non-qualified.
С.	NON- (QUALIFIED DISTRIBUTION FROM	A ROTH IRA		
	The d	istribution is being made for the	following reason (check one):		
	□ 1.	Normal Distribution (prior to th	e 5-year holding requirement)- You are age	59½ or older.	
	□ 2.		You are under age 59½, including distribut nome buyer expenses, or other reasons.	ions due to medical expenses, heal	th insurance premiums, higher
	□ 3.	Substantially equal periodic pay section - B part II.	yments within the meaning of section 72(t	of the Internal Revenue Code. You	must complete Distribution Amount
	☐ 4.	Death/Beneficiary liquidation - regarding additional document	The Date of Death of the Owner MM/DD/Y requirements.	YYY is required	, contact Shareholder Services
	□ 5.	Permanent disability - You certi	fy that you are disabled within the meanin	g of section 72(m)(7) of the Interna	l Revenue Code.*
	□ 6.	Transfer incident due to divorce	e or legal separation - Contact Shareholder	Services regarding additional docu	ment requirements.
	□ 7.	Removal of excess - You must co	omplete Excess Contribution Election Secti	on (below) in its entirety.	
	□ 8.	Direct rollover to a Qualified Pla	an, 401(k), TSP or 403(b) - You are certifying	that the receiving custodian will ac	ccept the IRA assets issued.
	□ 9.	Qualified Reservist Distribution			
	<u> </u>	. Qualified Hurricane Distribution	า		
	<u> </u>	. Qualified Birth or Adoption Dis	tribution as defined in section 72(t){2} of the	e Internal Revenue Code	
E)	any m	•	ndividual shall be considered to be disable or mental impairment which can be expect		
	Amou	int of Excess:	Tax year for which excess contribution	was made:	Date Deposited:
	Intern (IRAs) distrik Profit- bution contri (Include For the IR earnin	lal Revenue Code Section 408(d). You may be subject to an IRS population penalty on the earnings, it sharing Plans, IRAs, Insurance Con was made). Consult IRS Publica butions. If you are subject to a feding IRAs) and Other Tax-Favore purpose of the excess contributes Final Regulations for Earnings.	ution, we will calculate the net income attri Calculation for Returned or Recharacterize the time it held the excess contribution. Pl	blication 590-A Contributions to Inc ns in the account. In addition, the III IS Form 1099-R Distributions from F ss distribution takes place (not for t rement Arrangements (IRAs) for mo ution, you must file IRS Form 5329 of butable ("NIA") to the contribution of Contributions. This method calcul	dividual Retirement Arrangements RS may impose a 10% early Pensions, Annuities, Retirement or the year in which the excess contripre information pertaining to excess Additional Taxes on Qualified Plans using the method provided in lates the NIA based on the actual
۹.			our federal income tax-filing deadline (inclu	ding extensions):	
	☐ Re	move excess plus/minus net inc	ome attributable. Distribute according to r	ny instructions under Mailing Instru	uctions.
	☐ Re	move excess plus/minus net inco	ome attributable. Re-deposit as a current y	ear contribution (not to exceed an	nual IRA contribution limit).
	The exc	cess is being corrected <u>after</u> you	federal income tax-filing deadline (includi	ng extensions). Earnings on the ex	cess contribution will remain in the
	☐ Re	move excess and distribute acco	ording to my instructions under Mailing Ins	ructions.	
	☐ Re	move excess and re-deposit as a	current year contribution (not to exceed a	nnual IRA contribution limit).	

C. Redesignating an excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action. If you decide to carry over the excess contribution to a later year, DO NOT RETURN THIS FORM.

Individual Retirement Account (IRA) **Distribution Request Form**



DISTRIBUTION AMOUNT - Complete	Section A or B						
A. One time redemption - Choose one:							
☐ Liquidate Entire Account or ☐ Part	ial Distribution of \$		1				
¹ Distributions will be taken proportiona	tely across all funds unles	ss specific funds a	nd amou	nts are indicated belo	w:		
Fund Name and Number			Dollar A	mount \$	or Percentage		
Fund Name and Number			Dollar A	mount \$	or Percentage		
Fund Name and Number			Dollar A	mount \$	or Percentage		
B. Systematic Distributions:					Must equal 100%		
If no beginning date is provided, distrib tion will occur immediately upon receip monthly.							
Fund Name and/or Number A	nount Start Mont	h Beginni	ng Date	Frequency			
				_ □ Monthly □ Qu	ıarterly 🛚 Semi	-Annually 🛚 Annually	
				_ □ Monthly □ Qu	ıarterly 🗆 Semi	-Annually 🗆 Annually	
Part II - Substantially Equal Periodic Pay	nents ("SEPP" under Sect	ion 72(t) or the Ir	ternal Re	venue Code)			
If you are requesting BNYM IS Trust reca Systematic Distributions blank and selec			using an l	RMD method leave "Ar	mount of each dis	tribution" in B.	
Calculate under RMD method using:	Uniform Li	fetime Table		☐ Single Life Table	☐ Joint an	d Last Survivor Table*	
	*Beneficiary's	Name:			Date of Bi	rth:	
I acknowledge I have consulted with a qualific solely responsible for determining the amour plan sponsor will monitor the SEPP. I understa am expected to file IRS Form 5329 along with RESTRICTION ON INDIRECT (60-DAY) ROLLOW Roth, SEP, SARSEP and SIMPLE) in aggregate the ee-to-trustee transfers where the proceeds are to initiate a trustee-to-trustee transfer. For moover-per-year limitation."	t to distribute and for monit nd the custodian does not re my income tax return to the ERS: An IRA participant is allo nat a taxpayer owns in any 1: e delivered directly to the rece	oring if a modificati eport SEPP distribut IRS to claim a pena owed only one rollo 2-month or 365-day ceiving financial ins	on of the S ions on IRS Ity tax exce ver from or period. As titution, su	EPP under Section 72(t) h Form 1099-R as exempt eption for this reason. he IRA to another (or the san alternative, a particip ccessor custodian or trust	as occurred. Neithe from the early distri same IRA) across all I ant can make an uni tee. You must contac	r the custodian nor the bution penalty and that I RAs (Traditional, Rollover, limited number of trust- ct the receiving institution	
DELIVERY INSTRUCTIONS							
☐ Mail check to my address of record o	urrently on file.						
Send proceeds to my to my existing	bank account on record.						
Send proceeds to my new bank insti	ructions provided below.	Please upload fir	st page o	f bank statement or pr	e-printed voided	check.	
Type of Account (Select one):	ecking Account	Savings Account	, 3	·	·		
Name of Account Holder(s):				Bank Name:			
Bank Account Number:				_ Bank ABA Routing	Number:		
Qualified Plan, 401(k), TSP or 403(b)	Direct Rollover Deposit -	Check will be ma	de payab	le to the receiving cus	todian.		
	ONLY COMPLETE THIS OPTION IF YOU ELECTED A DIRECT ROLLOVER TO A QUALIFIED PLAN OR 403(8) IN SECTION III A. DO NOT USE THIS OPTION FOR ANY OTHER PAYMENT INCLUDING MOVING ASSETS TO AN IRA CUSTODIAN						
Type of Plan receiving IRA assets:	401(k) 403(b) [TSP	Plan 🗌	other employer spons	sored qualified pla	an	
Receiving Custodian:			Account N			lumber:	
Street:			City		State:	7in:	

Individual Retirement Account (IRA) Distribution Request Form



TAX WITHHOLDING ELECTION

withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement					
See the attached Form W-4R Withholding Certificate for Nonperiodic Payments which has the Marginal Rate Tables and "Suggestion for determining withholding" instructions. You may use these tables and instructions to help you select the appropriate withholding rate. *Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions. 3) State Withholding - Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements. □ I elect NOT TO have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory					
withholding" instructions. You may use these tables and instructions to help you select the appropriate withholding rate. *Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions. 3) State Withholding - Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements. □ I elect NOT TO have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory					
State Withholding - Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements. □ I elect NOT TO have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory					
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☐ I elect TO have the following dollar amount or percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding).					
\$ or%					
PARTICIPANT AUTHORIZATION					
ustodian, the Voya, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form e my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively ly on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which ay arise from the election(s) and agree that the Custodian, Voya, and their agents shall in no way be responsible, and shall be indemnified and held armless, for any tax, legal or other consequences of the election(s) made on this form.					
Substitute W-9 - Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding because: a. I am exempt from backup withholding; or b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c. The IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov). 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.					
Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.					
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.					
Participant's Signature (Beneficiary's Signature for inheritance liquidations) Date					
Please review Voya prospectus for Medallion Signature Guarantee stamp requirements.					
Medallion Signature Guarantee Stamp and Signature (If required): An eligible guar- antor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.					

Voya Investment Management P.O. Box 534480

Pittsburgh, PA 15253-4480

First Class Mail:

Mail to the following:

Voya Investment Management Attention: 534480 500 Ross Street 154-0520 Pittsburgh, PA 15262

Overnight Mail:

(800) 992-0180

Substitute W-4R 2025 - Withholding Certificate for Nonperiodic Payments - For use with IRAs ONLY

Where instructed to provide your withholding election on "line 2" use the space provided on the attached form under "Federal Income Withholding Flection."

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married filing Separately		Married fil o Qualifying sur	r	Head of household			
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more		
\$0	0%	\$0	0%	\$0	0%		
15,000	10%	30,000	10%	22,500	10%		
26,925	12%	53,850	12%	39,500	12%		
63,475	22%	126,950	22%	87,350	22%		
118,350	24%	236,700	24%	125,850	24%		
212,300	32%	424,600	32%	219,800	32%		
265,525	35%	531,050	35%	273,000	35%		
641,350*	37%	781,600	37%	648,850	37%		
*If married filing separately, use \$390,800 instead for this 37% rate.							

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories .

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000 is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.